

**Before the Tax Commission**  
**Request for Redetermination of County Board of Equalization Decision**

**Taxpayer Information**  
(please print clearly or type and use additional paper if necessary)

<b>Tax Assessment Year:</b>	<b>Parcel Number:</b>
<b>Owner/Taxpayer:</b>	<b>Representative (if any):</b>
<b>Mailing Address:</b>	<b>Representative's Mailing Address:</b>
	<b>City/State</b> <span style="float: right;"><b>Zip</b></span>
<b>City/State</b> <span style="float: right;"><b>Zip</b></span>	<b>Representative's Phone Number:</b>
<b>Daytime phone:</b>	<b>Representative's Fax:</b>
<b>Fax:</b>	<b>I authorize the above-named person to discuss this appeal with the Utah State Tax Commission. <input type="checkbox"/> Yes <input type="checkbox"/> No</b>

**Property Information**

**Location or address of property:** \_\_\_\_\_  
\_\_\_\_\_ **County:** \_\_\_\_\_

**Property Type:**

- ☐ Residential    ☐ Commercial    ☐ Industrial    ☐ Vacant land    ☐ Agricultural/Greenbelt  
☐ Personal property (specify): \_\_\_\_\_

**Primary Issue:**

- ☐ Assessed Value    ☐ Eligibility for Exemption    ☐ Greenbelt    ☐ Other \_\_\_\_\_

**If you are contesting the assessed value of the property, state your estimate of value:** \_\_\_\_\_

**Additional Information**

**State your objection to the Board of Equalization decision:**

(Be prepared to produce supporting evidence at a hearing or mediation conference.)

**Taxpayer's Signature:**

**Date:**

**Submit this form to the County Auditor for completion.**

This form must be filed with the County Auditor within 30 days after the date of the Board of Equalization Decision.

**Auditor: please verify that this matter was heard or considered by the Board of Equalization:**

**Date of BOE hearing:** \_\_\_\_\_ **Original Assessed Value:** \_\_\_\_\_

**Value determined by BOE:** \_\_\_\_\_

**Original Taxes Due:** \_\_\_\_\_

**Attach a copy of the BOE decision to this form.**